FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT MEDICATION AUTHORIZATION FORM

| MEDICATION AUTHORIZATION FORM | | | | |
|---|------------|---|---|--|
| This order is valid only for the current school year (Including Summer Session) | | | | |
| OR | | | | |
| Start Date:/ to Stop Date:// | | | | |
| A new medication administration form must be completed at the beginning of each school year, for each medication and each time there | | | | |
| is a change in dosage, or time of administration of a medication. This medication form must be completed fully in order for staff to administer required medication. | | | | |
| •Carefully review the reverse side of this form before completion. | | | | |
| Name: | Da | te of Birth: | Grade: | |
| | | | | |
| HEALTH CARE PROVIDER AUTHORIZATION | | | | |
| Allergies: | | | | |
| Condition for which medication is being administered: | | | | |
| | | | | |
| Type: | | Dose: | Route: | |
| Name of | | □mg | | |
| Medication: | | □ 2 puffs | ☐ Inhalation | |
| | | | □ Other | |
| Time of Administration: | | If PRN, frequency: | | |
| Additional Instructions: | | | | |
| | | | | |
| Specific Instructions for Inhaler: | | | | |
| Administer inhaler for symptoms such as: <i>coughing, audible wheezing, complaint of tightness in chest, complaint of shortness of breath, or other</i> | | | | |
| | | | | |
| Is student competent to self-carry medication? ☐ Yes ☐ No | | Is student competent to self-administer medication? ☐ Yes ☐ No | | |
| Possible Medication Side Effects: Health Care Provider Stamp | | | | |
| □ None expected Specify: | | | | |
| Health Care Provider's Name/Title: (Please Print) | | | | |
| Telephone: | Fax: | | - | |
| Address: | | | 4 | |
| Audicss. | | | | |
| Health Care Provider's Signature. | | | Date: | |
| Health Care Provider's Signature: PARENT/GUARDIAN AUTHORIZATION PARENT/GUARDIAN AUTHORIZATION | | | | |
| I request designated personnel to administer the medication as prescribed by the health care provider above. I certify that I have legal | | | | |
| authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order. | | | | |
| | don order. | | | |
| Primary Contact Phone: | | 2 nd Phone: | 2" Phone: | |
| Parent/Guardian Signature: | | | Date: | |
| REGISTERED NURSE REVIEW / AUTHORIZATION | | | | |
| Is student competent to self-carry medication? □ Yes □ No | | | Is student competent to self-administer medication? ☐ Yes ☐ No | |
| RN Signature: Date: | | | Date: | |

IMPORTANT INFORMATION for Parents/Guardians and Health Care Providers

- 1. Please give your child needed medication at home if at all possible
- 2. It is recommended that the first full day's (24 hours) dose of any new medication be given at home. If unsure, follow the recommendation of health care provider about attending school during the first 24 hours.
- 3. If it is *absolutely necessary* for the student to take prescription, over-the counter or alternative medication at school or on field trips, this *Medication Authorization* form must be completed for each medication and submitted to the school health staff prior to medication being given at school.

4. Medications:

- a. Prescription medication(s) must be in a container labeled by the pharmacist with the student's name, prescriber's name, name of medication, dosage, route, directions for administration, conditions for storage, prescription date and expiration date. *Maryland law allows prescription medication to be used only for 1 year beyond date of issue or expiration date indicated on the medication—whichever comes first.*
- b. Over-the-counter medication(s) must be provided to the school in the original sealed container.
- 5. Parent/guardian responsibilities:
 - a. Provide a new medication prior to the expiration date on the pharmacy label or the over-the-counter medication container.
 - b. Provide the medication(s) for the duration of the order.
 - c. Bring the medication to school. FCPS regulation 400-23 states that students are not permitted to transport medications, unless authorized to self-carry.
 - d. Retrieve any unused or discontinued medication(s). No medications will be sent home with students.
- 6. Student Self-Carry and/or Self-Administer:
 - a. The health care provider and registered nurse must indicate whether the student is competent to self- administer and/or self-carry, if needed.
 - b. If competent to self-carry and/or self-administer, the registered nurse will work with the student and parent/guardian to develop a *Plan for Medication/Treatment Management Outside the Health Room*.
- 7. The registered nurse must review and approve these forms prior to administration.